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ABSTRACT

This paper presents the policy statement on substance abuse from the National Collaboration for Youth (NCY). The policy statement section lists programs and activities supported by the NCY. A section on background includes a statement of the issue of substance abuse. Areas examined in this section include alcohol abuse and drunk driving among youth, marijuana use, and cigarette smoking. Smoking and attitudes toward smoking are examined among young children, adolescents, men, women, and pregnant women. The influence of school, family, peers, and advertising in determining smoking behavior is discussed and general categories of current smoking education programs are listed. Other background information discussed includes past legislative and funding history, reasons for NCY interest in the prevention of substance abuse, and the importance of NCY involvement in substance abuse prevention activities. The current status of prevention efforts is reviewed including the legislative and funding status and descriptions of three substance abuse prevention programs of NCY member agencies. It is noted that, although there has been no NCY action on the issue of substance abuse, some NCY agencies have supported specific legislation. (NRB)

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POLICY STATEMENT: SUBSTANCE ABUSE

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November 1984

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The National Collaboration for Youth is an affinity group of The National Assembly of National Voluntary Health and Social Welfare Organizations. Currently chaired by Solon B. Cousins, National Executive Director, YMCA of the USA, the Collaboration is comprised of fourteen national, private, nonprofit agencies, which serve over 25 million children and youth.

The member organizations comprise over 13,000 local program units and have deep roots in their communities, providing programs and services designed to foster the development of each individual toward a productive, fulfilling, and responsible adulthood.

NATIONAL COLLABORATION FOR YOUTH

POLICY STATEMENT: SUBSTANCE ABUSE

Issue: An emphasis on prevention and on treatment in the area of substance use and abuse.

NCY Policy Statement *

The National Collaboration for Youth supports the following:

1. Federal leadership in the development of smoking, alcohol and drug abuse prevention policies, programs and funding is essential because of the pervasive and devastating effects on our nation's youth and their families;

2. Activities and educational programs which will discourage drunk driving and work towards making driving under the influence of alcohol socially unacceptable;

3. Recognition of community-based, youth serving agencies as leaders in providing substance abuse prevention programs for young people;

4. Programs that encourage linkage amoung youth-serving organizations, the family and schools.

5. Prevention programs that include the following:

   - Involvement of youth in planning and implementing substance abuse prevention program.

   - Involvement of parents or guardians, agency staff and agency decision makers.

   - Program activities that are broad enough to address the social, cognitive, attitudinal and personality variables associated with adolescent alcohol, drug or smoking use.

   - A clear, consistent "don't do" message communicated by parents, other adults, and agency staff regarding the use of drugs, alcohol, and tobacco.

   - Prevention efforts that help to create positive peer pressure among youth and parents, making abstinence both acceptable and desirable.

   - Techniques that help youth develop social skills which lead to improved personal and social competence in such areas as enhanced self-esteem, communication with others, coping with stress, etc.

*Approved by the NCY Executives 11/1/84

- Youth learning, practicing and applying prevention skills such as assertiveness which will help them analyze and resist peer pressure.

- Cognitive information and skill building for parents that will enhance parent-child communication.

- A prevention program should begin before the age of onset of these behaviors.

Background

A. Statement of Issue

The National Collaboration for Youth (NCY) has been concerned about substance abuse among young people since the organization's inception. NCY has a strong commitment to prevention of these youth crisis situations as stated in the National Youth Goals booklet in 1978.

(1) "Alcohol abuse is the number one youth drug problem today," according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The dimensions of the teenage drinking problem were underscored by two nationwide surveys conducted for NIAAA by the Research Triangle Institute. Approximately 15% of the 10th to 12th graders interviewed in 1974 were either at the "substantial risk" level or were already problem drinkers.

A 1979 survey conducted for the National Institute on Drug Abuse found that alcohol is the drug students try most often and are most likely to continue to use. More than twice as many teenagers and young adults regularly drink alcoholic beverages as regularly use other drugs.

There are an estimated 3 million teenage problem drinkers in the U.S. The young problem drinker, as distinguished from typical adolescent drinkers, uses alcohol more often, in larger amounts, and usually for the purpose of getting drunk. He or she is also more likely to display aggressive or destructive behavior and to drink alone. Excessive drinking is generally related to emotional problems. Many young people may have their lives totally disrupted by drinking. "It's not so much the drinking itself, although we're concerned about that -- it's the consequences of the drinking," says psychologist Patricia O'Gorman, former director of the NIAAA's Division of Prevention.

Alcohol abuse and its mated health hazard, drunk driving, are problems that pervade all age groups of our driving population but are especially severe for teenagers. The combination of learning how to drive, youthful risk-taking behavior and drinking accounts for drunk driving being a major killer of teenagers in this country. Between 45 and 60 percent of all fatal crashes involving a

driver are alcohol related. Teenage drivers were involved in 1 out of every 5 fatal accidents in 1980.

In response to these tragic statistics, at least 14 of the 27 states that lowered their legal drinking ages have raised them again during the past two years. Federal legislation was passed that provides direct incentives to states to raise the drinking age to twenty-one through the withholding of federal highway funds.

A number of groups have developed an advocate for stronger drunk driving laws and/or to work towards making driving under the influence of alcohol unacceptable. These groups include Mothers Against Drunk Driving, Students Against Drunk Driving, and the National Commission Against Drunk Driving.

According to a 1978 study conducted by the Research Triangle Institute, parents' drinking practices and attitudes toward teenage drinking have a definite effect on drinking by teenagers. Eighty-five percent of senior high school students had at least one parent who they believed drank alcoholic beverages. Students' drinking levels were associated with their perceptions of their parents' drinking behavior. An estimated 59% of all students with at least one parent who they believed drank regularly were themselves moderate or heavy drinkers.

Of particular concern are the effects of alcohol on pregnant young women and their unborn babies. Children of women who drink alcohol may be born with a recognizable pattern of growth, mental and physical birth defects known as "fetal alcohol syndrome." Alcohol in any form - beer, wine or hard liquor - quickly crosses the placenta to reach the unborn baby. It is not known how much alcohol is too much or too little, or if any amount is safe.

Educators have tried several different approaches to alcohol education over the years, including factual lectures and scare tactics. Many believe that the most effective education and prevention methods are those that help young people develop refusal skills. They favor programs that focus on clarifying values, solving problems, recognizing one's feelings, coping with anxiety and developing self-esteem.

Educators also believe it is important for programs to present alternatives to drinking and to encourage young people to understand the role that drinking plays in American society. In The Young Alcoholics, Tom Alibrandi wrote that it is important for alcohol education programs to dispel myths about alcoholism in terms young people can understand. "When presenting information about alcohol," he added, "it is equally important to point out what constitutes social drinking, thus setting a standard of accepted alcohol use."

Ideally, alcohol education and prevention is a cooperative venture, with parents, schools and the community participating. Such

comprehensive programs can educate adults as well as teenagers about alcohol and its abuse and also give adults the opportunity to re-examine their own drinking attitudes and behavior.

(2) The United States has the highest level of marijuana use among people of any developed country in the world. According to the National Institute of Drug Abuse statistics, more than seven million young people between the ages of 12 and 17 - 31% of that age group - report having tried marijuana more than once. Among high school seniors, over 60% have tried marijuana (1980).

Although it appears that marijuana use among young people may be declining slightly, the extent of drug use remains a significant problem. This is because young people are particularly vulnerable to the physiological and psychological side effects of all drugs, marijuana included.

Of growing concern is the use of drugs such as cocaine. Between 1972 and 1982, the percentage of youths age 12-17 who had tried cocaine increased from 2% to 7%. Among young adults 18-25, the figures rose from 9% to 28%.

In the last seven years, more than 4000 parent groups in the U.S. have organized to fight drugs, particularly marijuana, which they see as the key drug. They have banded together as the National Federation of Parents for Drug-Free Youth. The federation shows parents how to organize themselves to fight drug abuse. First Lady Nancy Reagan's interest in the prevention of drug abuse is well known.

(3) In a 1980 article in the Journal of School Health, Hamrich, Anspaugh and Smith said, "The discrepancy between personal health behavior and general health knowledge is one of the most publicized and best documented dilemmas in the field of health education." Nowhere is this discrepancy wider than between what school children know and what they do about smoking. Study after study builds the case against tobacco and proves that students realize smoking damages their health. Yet, they continue, and the age at which they start gets lower every year. With good cause, health educators wonder why students intentionally begin the deleterious life-long tobacco habit. Cigarette smoking is the single most significant preventable factor contributing to illness, disability and death in the United States.

Research on this enigma uncovers several reasons for precocious tobacco use. The influence of future expectations crops up in findings that 60% of preschoolers think they will smoke as adults. As Nuehring and Markle recently observed, "Smoking was not only accepted behavior, it was socially desirable, even necessary, in some subcultures." Others affirm a "child is not likely to have personal values opposed to smoking, nor does his social environment lend support to nonsmoking behavior." Williams and Shor stated: "For many teen-agers smoking appears to constitute a 'right [sic]

of passage' into adulthood." National surveys find "56.5% of teen-agers (erroneously) believed that 'over one-half of girls at school smoke', . . . and 83% of the teenagers indicated that they usually think of teen-agers as smokers rather than as nonsmokers." The notion that smoking is normal instead of exceptional further explains why one in three school students use tobacco.

In 1979, about 12 percent of all young people - 3.3 million in all - were regular smokers. A regular smoker was defined as someone who had at least one cigarette per week. In 1979, approximately 90 percent of current regular teenage smokers used cigarettes daily.

Traditionally, the prevalance of cigarette smoking among males has been higher than among females. However, patterns of cigarette smoking among both males and females have changed. The rates are decreasing for male and female adults, as well as for teenage boys and girls. While the prevalence of smoking among teenage boys and girls is decreasing, rates among teen-age boys are declining more rapidly. The percentage of male smokers aged 12 to 18 between 1974 and 1979 decreased from 15.8% to 10.7%. During the same period, the percentage of female smokers of the same age decreased from 15.3% to 12.7%. As a result, a higher proportion of females (12.7%) than males (10.7%) between the ages of 12-18 were smoking cigarettes in 1979. It is also suspected that cigarette smoking is more prevalent among college females than college males. A continuation of present trends in cigarette smoking could lead to more female smokers than male smokers in all age groups. In addition, the cessation rate has been consistently lower for women than men.

Although the rate of smoking among teenagers declined during the latter part of the 1970s, recent figures from National Institute on Drug Abuse (NIDA) indicate a possible deceleration of this downward trend. It was reported that in 1982 13% of male high school seniors smoked a half a pack or more of cigarettes per day, while nearly 15% of the female high school seniors did.

Social pressures have been found to play a major role in influencing adolescents to smoke. One study showed that peers, parents and the media were more important factors in influencing adolescents to begin smoking than was knowledge of long-term dangers of smoking. Furthermore, the major factor the students themselves report as influencing their decision to experiment with tobacco is peer pressure, and the direct influence from a favorite peer appears to be the most potent of these pressures.

However, these studies do not rule out the influence of parents on smoking behavior. They note that parental smoking is related to tobacco use by adolescents. This is supported by the work of Chassin, et al., who found that students who smoked were more likely to have mothers and fathers who smoked than students who did not smoke. Others found that if both parents smoked, the

likelihood that the child would initiate smoking was greater than if only one or neither parent smoked. They also found that parental attitudes were an important factor in smoking behavior.

Young people emulate older siblings as well. A teenager with an older brother or sister who smokes is extremely likely to be a smoker. Young people who have both a parent and an older sibling who smoke are four times as likely to smoke as those who have no smoker in the immediate family. As the U.S. Public Health Service noted in its study of teenage smoking:

> Smoking appears to be one of those customs which families as a whole either adopt or not adopt. Just as in some families a coffee pot is always on the back of the stove, in some homes cigarettes are readily available for family members to help themselves.

In addition, young people are generally healthy and cannot identify with the concept of dying from a disease that may appear in 30 or even 50 years. The "now"-orientation of adolescents appears almost as a belief in immortality. The future holds much less concern for them than their immediate needs. Thus, knowledge of health risks may fail to influence decisions about their behavior.

In fact, becoming a smoker is immediately gratifying and valuable to many teenagers. Smoking often gives young people increased status among their friends who smoke, makes them feel more mature because smoking is considered an adult habit, and may serve as an act of defiance towards authority figures who have forbidden them to smoke. Smoking becomes a symbolic act reflecting their transition from dependent to independent beings.

In a 5-year study of teenage smokers completed in 1979, results indicate that the median age at which young smokers take up the habit is 16.4 years for males and 16.1 years for females.

Onset of smoking has been linked to the period in which young people begin to question the behavior codes laid down by parents. It is at this time that some parents begin to tolerate cigarette smoking by their maturing children. In addition, as students move from elementary to middle or junior high school, and on to high school, they are exposed to large numbers of older students and more frequent opportunities to smoke, as well as a social environment that supports smoking as a symbol of adulthood and independence. These transition points are important intervention opportunities for smoking education programs.

A study of high school seniors conducted by NIDA (date unknown) indicated that students who did not perform well academically were more likely to smoke and were also more likely to be enrolled in vocational courses, rather than in a college prepartory curriculum. Overall, the educational and occupational aspirations of high

school students who smoked tended to be lower than those of nonsmoking students.

Since school plays a dominant role in the life of children and adolescents, the school environment provides its own set of factors that influence young people's smoking decisions. The content and message of the school's smoking education program, the presence or absence of smoking regulations and the smoking attitudes and behavior of teachers, coaches, nurses, and other administrative and support staff all may influence the student's smoking decision.

Although television and radio advertising of cigarettes was banned in 1971, tobacco companies still spent $800 million in 1978 promoting and advertising their products through American newspapers, magazines, billboards, and display cards. Most cigarette advertisements use young, attractive, athletic, and healthy-looking models. The tobacco companies deny that their ads are designed to influence young peoples' decisions about whether or not to begin smoking, but their portrayal of smokers as young, sexy, daring, and sophisticated may well affect smoking decisions made by adolescents.

Educators can serve to counteract the influence of cigarette advertisements by encouraging students to discuss and analyze their impressions of the models and message used in the ads. Programs can be designed in which students learn to dissect and disprove these messages, while also being taught the skills to combat them in their daily lives.

Of particular concern is the effects of smoking on women. Though the percentage of women smokers is declining, more women are smoking and smoking more heavily than they have in the past, causing lung cancer death rates to rise. By the end of this decade lung cancer will surpass breast cancer as the number one cancer killer among women. Pregnant women who smoke have a higher rate of miscarriage, stillbirths, premature births, and complications of pregnancy. More of their babies die soon after birth than those of non-smoking mothers. Babies born to smoking mothers generally are smaller in size and weigh less than babies born to non-smoking women.

In his statements about the National Drug Education Act, Rep. Solomon Ortiz refers to data that demonstrates a clear relationship between smoking cigarettes and using marijuana and other drugs. Among all teenagers in 1983, current cigarette smokers were 11 times more likely to be current marijuana users and 14 times more likely than non-smokers to be current users of heroin, cocaine, and/or hallucinogens.

It has been suggested that what is needed to prevent adolescent smoking is a comprehensive program that: (1) involves both family members and students; (2) provides factual information about the deleterious effects of smoking on health; and (3) addresses both

the social and psychological factors which influence adolescents' attitudes and their initiation of smoking behavior. One such program is the Chicago Heart Health Curriculum Program (CHHCP).

General categories of current smoking education programs include:

-youth-coordinated projects,
-projects that illustrate the immediate effects of smoking,
-youth-to-youth teaching programs,
-lifestyle education,
-health-risk appraisal programs,
-health education curricula with smoking components,
-smoking cessation programs for youth.

B. Past legislative and funding history

In response to the growing need for research, NIAAA and NIDA were established as part of the National Institutes of Health. In mid-1982 Congress increased the federal excise tax on each pack of cigarettes for the first time in 31 years, doubling it.

- PL 98-252 - To designate June 1984 as "Student Awareness of Drunk Driving Month."
- S. 2615 - Alcohol Abuse, Alcoholism, and Drug Abuse Amendments of 1984.
- H.J. Res. 529, - To designate the week of September 23, 1984 through September 29, 1984, as "National Drug Abuse Education and Prevention Week."

C. Reason for NCY interest

The NCY is interested in the prevention of substance abuse because our agencies are committed to the healthy development of the youth that we serve. The member agencies have a strong history of meeting the health needs of children and youth, particularly through programs which focus on primary prevention rather than treatment. Since many youth problems are interrelated, prevention programs that address one or two areas can have a dramatic effect on other areas.

D. Importance of NCY involvement

It is important for NCY to address the prevention of substance abuse to focus attention on the expertise of the member agencies. The diversity of the Collaboration means that NCY has the capacity to develop programs at all levels; from the grassroots level to the national level. Because youth-serving agencies serve youth at critical stages in their development, primary prevention efforts continue to be unique contributions by the NCY. Collaborating on the realignment of traditional methods of dealing with urgent youth problems is one of the best examples of the need for mobilizing our collective resources.

Current Status

A. Legislative and funding status

- H. R. 3979 - Comprehensive Smoking Education Act.
- H. R. 4651 - National Drug Education Act.
- H. R. 5383, S. 2719 - Uniform Minimum Drinking Age Act of 1984.
- H. R. 5413 - Alcohol Abuse, Drug Abuse and Mental Health Amendments of 1984.
- H.R. 5637 - National Drunk Driving Prevention Act.

B. Programs of NCY member agencies addressing the problem.

a. American Red Cross

Safe Rides is a transportation service run by young people in several Connecticut communities that offers teens an alternative to driving when they've had too much to drink. The young people use the Red Cross chapter as "home base", Red Cross vehicles, and are required to take first aid as part of their training.

b. Girl's Clubs of America

YAAA Team is an alcohol and drug abuse prevention program developed by the Girls' Club of Arlington (TX) under a state grant from the Texas Commission on Alcoholism. As a result of its local success, the program has been used in youth organizations throughout the state of Texas and in other Girls' Clubs across the country. The project is aimed at youth between the ages of 6 and 18, with special emphasis on the preadolescent group between 10 and 14 years. The project utilizes peer education, leadership development and life management skills training to help young people explore viable alternatives to drug and alcohol use.

c. Boy Scouts of America

Personal Health Decisions is an optional program for Scouts in the San Diego Council which is intended to create awareness of the hazards of tobacco, alcohol, and drugs. The program is set up as a series of requirements leading to the attainment of a certificate, a patch, and a $500 scholarship at National University. Certain of the Boy Scout skill awards are included as part of the requirements. The basic strategy is to encourage the participant to search out health information at resource centers in the San Diego Area and then carry out projects and write reports.

Record of NCY Action on the Issue

Although there has been no NCY action on this issue, some agencies have supported specific legislation.

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